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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accommanying Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 08/10/2007 22850 7590 Certificate of Mailing or Transmission A hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. **CUSTOMER NUMBER** (Depositor's name) 22850 (Signature (Date ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 2397 260005US0PCT Pascale Gaillard 06/10/2005 10/511,438 TITLE OF INVENTION: PIPERAZINE BENZOTHIAZOLES AS AGENTS FOR THE TREATMENT OF CEREBRAL ISCHEMIC DISORDERS OR CNS DISORDERS DATE DUE PREV. PAID ISSUE FEB TOTAL FEE(S) DUE **PUBLICATION FEE DUE** ISSUE FEE DUE SMALL ENTITY APPLN, TYPE 11/13/2007 \$300 \$0 \$1740 NO \$1440 nonprovisional 11/14/2007 EFLORES1 00000005 150030 10511438 CLASS-SUBCLASS ART UNIT **EXAMINER** 1440.00 DA 02 FC:1504 514-252140 300.00 DA RAO, DEEPAK R Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ıOblon, Spivak, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 McClelland, Maier (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form 3& Neustadt, P.C. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Vaud, SWITZERLAND LABORATOIRES SERONO SA Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed.

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